



# City of Seal Beach

City Hall  
211 8<sup>th</sup> Street  
Seal Beach, CA 90740  
(562) 431-2527

FOR OFFICE USE ONLY:

License # \_\_\_\_\_

Customer # \_\_\_\_\_

License Type \_\_\_\_\_

## APPLICATION FOR BUSINESS LICENSE *Confidential*

Section 11-2 of the Seal Beach Municipal code provides that it shall be unlawful for any person to conduct or carry on any business, trade, profession, calling or occupation within the CITY OF SEAL BEACH without obtaining a business license and paying the required fee. In order to obtain your business license, you are required to complete this application and the attached forms and return it to the Finance Office. No license will be issued until this form is filed and approved and the license fee is paid in full.

### AFFIDAVIT

Business(Ind.Contractor)Name \_\_\_\_\_

Type of Business \_\_\_\_\_

*\*Please attach a copy of your fictitious business name.*

*\* Massage or Caregiver, complete POLICE NOTIFICATION FORM as well.*

Business Location \_\_\_\_\_

Business Start Date in the City of Seal Beach \_\_\_\_\_ (Required)

Business Mailing Address (if different from location) \_\_\_\_\_

Business Telephone \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_

Please check all of the following that apply to your business:

☐ Commission or Brokerage: a person who by authority acts as an intermediary, representative, or agent, on behalf of, or in the place of another person in the purchase or sale of commodities, insurance, real or personal property, stocks, bonds, securities, notes, negotiation of contracts for personal or professional services or appearances and receives compensation, either directly or indirectly, in the form of commission or otherwise, whether or not the operation of such business customarily includes the actual possession, custody or control of the foregoing

☐ Real Estate Agent ☐ Money Lending ☐ Advertising Service ☐ Sell club plans or memberships ☐ Solicit, canvass or take orders for goods

☐ Manufacture, process, fabricate, design or engineer any product yourself or for any firm or corporation.

If your company provides ambulance, taxi, or delivery services, how many vehicles will be used in the City of Seal Beach? \_\_\_\_\_

If you own VENDING MACHINES please state the number of machines \_\_\_\_\_.

Do you own any amusement games such as jukeboxes, electronic or pinball games? If so, how many? \_\_\_\_\_

Do you sell, dispense or process food or drink? \_\_\_\_\_ If yes, this requires a health permit & a copy **must** be attached.

Full Names of Principal Owner(s), Officers(s) or Partner(s):

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Local Manager \_\_\_\_\_ Phone \_\_\_\_\_

Please provide all applicable identification numbers. If you do not have a federal tax identification number, you must provide your social security number.

Federal Tax ID \_\_\_\_\_ State Tax ID \_\_\_\_\_

State Board of Equalization \_\_\_\_\_ Social Security \_\_\_\_\_

(Attach a copy of your seller's permit to this application)

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I declare under the penalties of perjury that this application and any attachment thereto, have been examined by me and to the best of my knowledge and belief represent a true, correct and complete statement of facts.

Print or Type Name in full \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fill out the following form for the purpose of determining whether the proposed business activity is allowable per zoning ordinances.

1. Business name : \_\_\_\_\_

2. Address of operation: \_\_\_\_\_

3. Product offered, if any: \_\_\_\_\_

4. Hours of operation: \_\_\_\_\_

5. Number of employees: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ (must agree with Federal/State taxes filed)  
*Required:* Attach proof of California State Workers Compensation Insurance

6. Number of Independent Contractors: \_\_\_\_\_  
\*Those who work on the premises whose Federal/State taxes (typically) are not withheld by the employer/business owner, are *Independent Contractors*\*

7. List machines used on premises: \_\_\_\_\_

8. Describe any devices used for advertising on the premises: \_\_\_\_\_

9. Your name: \_\_\_\_\_

10. Daytime phone number: \_\_\_\_\_

FOR THE PURPOSE OF ZONING & CODING YOUR LICENSE CORRECTLY FOR THE  
FRANCHISE TAX BOARD, DESCRIBE YOUR BUSINESS IN SHORT DETAIL. PLEASE BE  
SPECIFIC TO AVOID DELAY IN PROCESS. (*REQUIRED*)

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**FOR OFFICE USE ONLY** (*line below*)

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# EMPLOYERS MUST HAVE WORKERS' COMPENSATION INSURANCE

*(Required form for all businesses)*

I understand that under California law, I am required to carry workers' compensation insurance for my employees at all times.

I further understand that my failure to have the appropriate coverage will subject me to civil penalties of \$10,000 per employee who is not covered by workers' compensation AND criminal penalties of up to one year in jail and/or a fine of up to \$10,000.

I know that even if I don't have employees right now, I will be required to get workers' compensation coverage as soon as I have one or more employees.

Signed:

\_\_\_\_\_ Date: \_\_\_\_\_

Print Name:

\_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

Your address, city, state, zip:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Name of Business:

Telephone: (    ) \_\_\_\_\_

\_\_\_\_\_

Business address, city, state, zip:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

I currently have employees:

☐ Yes

☐ No

## EMERGENCY CONTACT INFORMATION

*(Required form for all business licenses)*

☐ CYPRESS ☐ LOS ALAMITOS ☐ SEAL BEACH

Date Submitted \_\_\_\_\_

Firm Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

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### PERSON DESIGNATED TO HAVE KEYS TO BUSINESS AND ARE TO BE NOTIFIED IN CASE OF EMERGENCY:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

3. Name \_\_\_\_\_ Phone \_\_\_\_\_

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DO YOU HAVE AN ALARM? ☐ YES ☐ NO TYPE: ☐ ROBBERY ☐ BURGLARY ☐ FIRE

☐ OTHER \_\_\_\_\_

Alarm Service \_\_\_\_\_ Phone \_\_\_\_\_

HOURS THE BUSINESS IS OPEN \_\_\_\_\_

DATE INFORMATION RECORDED \_\_\_\_\_